Bagshaw

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12612

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

Medical Examiner

1. PLACE OF DEATH: COUNTY St. Mary's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Md.
LENGTH OF STAY (in this place) One day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
STREET ADDRESS (If rural, give location) 338 Midway Drive

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Robinson (Last) BAGSHAW III

4. DATE OF DEATH (Month) 12-9-50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-4-21

9. AGE last birthday: 29 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pilot, U.S.N.

10b. KIND OF BUSINESS OR INDUSTRY: Piolet, USN

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James R. BAGSHAW, Jr.

14. MOTHER'S MAIDEN NAME: Ivy M. Errion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1942-1950

16. SOCIAL SECURITY NO. --

17. INFORMANT AND ADDRESS: U.S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

863.8 173

Immediate cause (a) Injuries, multiple, extreme #8561 — Interval Between Onset and Death: Immeaditly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY N.A.S. Field (CITY OR TOWN) Patuxent River (COUNTY) St. Mary's (STATE) Md.

TIME OF INJURY (Month) Dec. (Day) 9 (Year) 1950 (Hour) 0931

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? Helicopter crash

22. I hereby certify that I attended the deceased from Dead, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm L. Lane MD Leonardtown, Md. 12/9/50

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF 12-12-50 — NAME OF CEMETERY OR CREMATORY Arlington-Nat. — LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REG. 12/11/50 — REGISTRAR'S SIGNATURE C. Cecil Miles

24. FUNERAL DIRECTOR ADDRESS C.C. Robinson - Leonardtown Md.

60796

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 13 1950
BUREAU V. S

12613

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) W (Last) Bean

4. DATE OF DEATH (Month) Dec (Day) 1 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 11 1874
9. AGE last birthday 76 yrs. If under 1 year Months 2 Days 20 If under 24 hrs. Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James W. Bean
14. MOTHER'S MAIDEN NAME Anna H. Combs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mrs Thomas W. Bean

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 199.1 Immediate cause | (a) Carcinoma of neck with metastases in lungs | 2 years |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 55e | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 1949
19b. MAJOR FINDINGS OF OPERATION Carcinoma of neck (originating in a mole)
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to Dec 1, 1950, that I last saw the deceased alive on Nov. 30, 1950, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Bean, MD ADDRESS Great Mills DATE SIGNED 12/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec-4-1950
NAME OF CEMETERY OR CREMATORY Holy Face Cemetery
LOCATION (City, town, or county) Great Mills St Marys (State) Md

DATE REC'D BY LOCAL REG. 12-3-50
REGISTRAR'S SIGNATURE P J Bean MD
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1950
BUREAU

12614

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 288

1. PLACE OF DEATH — COUNTY: St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown — LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Coltons Point
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) Adam (Middle) Asaph (Last) Butterfield
4. DATE OF DEATH (Month) Dec (Day) 14 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 7-1888
9. AGE last birthday: 62 yrs. — If under 1 year: Months 9, Days 8 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant
10b. KIND OF BUSINESS OR INDUSTRY: for self
11. BIRTHPLACE (State or foreign country): S. C. Hamburg
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Francis E. Butterfield
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY No.:
17. INFORMANT: Mrs Adam A. Butterfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Myocardial Failure | 2 days. |
| 422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Myocarditis and Myocardial Degeneration | Several years |
| 93d | (c) Hypostatic Pneumonia | 5 days |

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16, 1950, to 12/14, 1950, that I last saw the deceased alive on 12/13, 1950, and that death occurred at 7.50 A.m., from the causes and on the date stated above.

SIGNATURE: Robert V. Fuchs — (Degree or title) M.D. — ADDRESS: Leonardtown, Md. — DATE SIGNED: 12/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 16-1950 — NAME OF CEMETERY OR CREMATORY: All Saints cemetery — LOCATION (City, town, or county): Oakley St Mary's — (State) Md
DATE REC'D BY LOCAL REG.: 12/14/50 — REGISTRAR'S SIGNATURE: Camalier — 24. FUNERAL DIRECTOR: Jos E. Mattingley — ADDRESS: Leonardtown Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12615

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardstown; MARYLAND; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Grant (Last) Chapman

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 22-1897

9. AGE last birthday: 53 yrs. If under 1 year: Months 4 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service U.S.N. Department

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland Charles Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William B. L. Chapman

14. MOTHER'S MAIDEN NAME: Nannie D. Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 220-16-4682

17. INFORMANT: William Chapman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension + Generalized Arteriosclerosis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1945, to Dec 4, 1950, that I last saw the deceased alive on Dec 4, 1950, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE Wm. H. Patrick (Degree or title) M.D. ADDRESS Lexington Park Md. DATE SIGNED 12-4-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 6-1950 — NAME OF CEMETERY OR CREMATORY: Mount Carmel — LOCATION (City, town, or county) (State): LaPlata, Charles, Md

DATE REC'D BY LOCAL REG. 12-5-50 — REGISTRAR'S SIGNATURE: Camalier

24. FUNERAL DIRECTOR: Jos C. Mattingley — ADDRESS: Leonardstown Md

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RECEIVED
DEC 7 1950
BUREAU V. S

12616

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY ST. MARYS MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ST. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Cole

4. DATE OF DEATH (Month) 12 - (Day) 5 - (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1870?
9. AGE last birthday 80? yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Jobe Cole
14. MOTHER'S MAIDEN NAME Elizabeth Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mort Cole - Beachville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 4 days |
| Antecedent cause(s) | (b) General arteriosclerosis | 5 years |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

331X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1946, to Dec 5, 1950, that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 4.10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P.J. Beary M.D. ADDRESS Great Mills, Md. DATE SIGNED 12-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12-7-50
NAME OF CEMETERY OR CREMATORY St. Peters Cem.
LOCATION (City, town, or county) (State) Ridge, Md.

DATE REC'D BY LOCAL REG. 12-6-50
REGISTRAR'S SIGNATURE P.J. Beary M.D.
24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 9 1980

12617

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH · COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Eugene (Last) Cooper
4. DATE OF DEATH (Month) 12 (Day) 17 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-22-1897
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck operator
10b. KIND OF BUSINESS OR INDUSTRY State Road Comm.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Joseph W. Cooper
14. MOTHER'S MAIDEN NAME Mary E. Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Catherine A. Cooper - Leonardtown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 Immediate cause | (a) Coronary occlusion | 1 ½ hr |
| 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 17, 1950, to Dec 17, 1950, that I last saw the deceased alive on Dec 17, 1950, and that death occurred at 9 20/A m., from the causes and on the date stated above.

SIGNATURE Roy Guyther, MD (Degree or title) ADDRESS Mechanicsville DATE SIGNED 12/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-20-50
NAME OF CEMETERY OR CREMATORY St. Joseph Cem.
LOCATION (City, town, or county) (State) Morganza, Md.

DATE REC'D BY LOCAL REG. 12/18/50
REGISTRAR'S SIGNATURE Camalea
24. FUNERAL DIRECTOR P. B. Robinson - Leonardtown, Md. ADDRESS

42097

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 20 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12618

# CERTIFICATE OF DEATH

Reg. Dist. No. 248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (In this place) 1 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abell
STREET ADDRESS (If rural give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Edward | Compton | Cryer | Dec | 12 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | married | Sept 17 1888 | 62 yrs. | 2 | 26 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Public Accountant | | Maryland St Marys | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| John C. Cryer | Annie Leach |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no no | 215-07-6019 | Mrs Catherine C. Claxton |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 Min.

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I ~~attended~~ saw the deceased from Dec. 12, 1950, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2.30 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank A. Camalier | M D | Leonardtown, Md | 12/14/50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Dec 15-1950 | All Saints Cemetery | Oakley St Marys | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 12/14/50 | Camalier | Jos C. Mattingley | Leonardtown Md |

21099

VS. A15

RECEIVED
DEC 16 1950

12619

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rad #1 Holly Wood
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural, give location) Holly wood R.3 D#1

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) HURLEY (Last) CUSICK

4. DATE OF DEATH (Month) Dec (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 27-1876
9. AGE last birthday 73 yrs. If under 1 year Months 11 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Tenten
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Cusick
14. MOTHER'S MAIDEN NAME Mary Cecilie Downs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) May 11-1898 to Sept 7-1900
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Aubrey Cusick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| Immediate cause | (a) | Cardiac decompensation | 3 d |
| 177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | Uremia due to urinary obstruction | |
| 51b | (c) | from Carcinoma prostate | 2½ yrs |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma & emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to Dec 12, 1950, that I last saw the deceased alive on Dec 10, 1950, and that death occurred at 6.15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Guyther, M.D. ADDRESS Mechanicsville Md DATE SIGNED 12/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 14-1950
NAME OF CEMETERY OR CREMATORY St Johns Cemetery
LOCATION (City, town, or county) Holly Wood St Marys (State) Md

DATE REC'D BY LOCAL REG. 12/12/50
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Maryland

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 14 1960
BUREAU V. F

12620

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Calvin (Last) Fenwick

4. DATE OF DEATH (Month) Dec (Day) 4 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 8-1945
9. AGE last birthday 5 yrs. If under 1 year Months 5 Days 30 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Fenwick
14. MOTHER'S MAIDEN NAME Viola Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Thomas Fenwick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 754.6 Immediate cause | (a) Cerebral Hemorrhage | 2 days |
| 157 f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Congenital Cerebral Aneurysm. | 5 yeds |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1948, to Dec. 4, 1950, that I last saw the deceased alive on Dec. 4, 1950, and that death occurred at 10:25 P m., from the causes and on the date stated above.

SIGNATURE Wm. H. Patrick M.D. (Degree or title) ADDRESS Lexington Park Md. DATE SIGNED 12-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 5 1950
NAME OF CEMETERY OR CREMATORY St James
LOCATION (City, town, or county) St Mary's City St Mary (State) Md

DATE REC'D BY LOCAL REG. 12/5/50
REGISTRAR'S SIGNATURE Carvalier
24. FUNERAL DIRECTOR John C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
DEC 7 1950
U.S. BUREAU

12621

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 22

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: St. May's MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland, St. Mary's COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River — LENGTH OF STAY (in this place): 4hrs.55min | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent Park, Lexington Park. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dispensary, U.S.Naval Air Station, Patuxent River, Md. | STREET ADDRESS (If rural, give location): 305 Suwanee Place |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) David | (Middle) (None) | (Last) HAYES | 4. DATE OF DEATH | (Month) December (Day) 11 (Year) 1950 |
| 5. SEX: Male | 6. COLOR OR RACE: Caucasian | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: 12-11-50 | 9. AGE last birthday: - yrs. | If under 1 year: Months - Days - If under 24 hrs.: Hours 4 Min. 55 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: - - | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13. FATHER'S NAME: Edward F. Hayes | | 14. MOTHER'S MAIDEN NAME: Clare Elizabeth Dowd | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY No.: None | 17. INFORMANT AND ADDRESS: Father: Edward F. Hayes, LCDR USN, USNAS, Patuxent River, Md. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Prematurity (16 weeks gestation) | 4hrs.55min. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify): None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): - - | (CITY OR TOWN) - - (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour): None m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? - - - |

22. I hereby certify that I attended the deceased from 11 Dec., 1950, to 11 Dec., 1950, that I last saw the deceased alive on 11 Dec., 1950, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H R Berk<br>H. R. BERK, | Commander, Medical Corps, U.S. Navy. | U.S. Naval Air Station, Patuxent River, Md. | 12 Dec. 1950 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Transportation | 12/12/50 | | Holyoke, Mass. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 12/12/50 | Camalier | C. B. Robinson | Leonardtown Md. |

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
DEC 14 1950
BUREAU U.S.

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12622

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2 X 2

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY St. Marys MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY St. Marys |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Rural~~ Leonardtown — LENGTH OF STAY (in this place) 17 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Hollywood.) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary Hosp. | STREET ADDRESS (If rural, give location) |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) George (Middle) Alexander (Last) Joy | | | 4. DATE OF DEATH (Month) 12 (Day) 16 (Year) 1950 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH 4-23-1870 | 9. AGE last birthday 80 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm Owner | 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13. FATHER'S NAME Ignatius Joy | | | 14. MOTHER'S MAIDEN NAME Mary E. Guy | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — | | 16. SOCIAL SECURITY No. — | 17. INFORMANT AND ADDRESS Jack Joy - Hollywood, Md. | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 331x Immediate cause | (a) Cerebral Hemorrhage | 20 days |
| 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arterio-sclerosis | ? |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from Nov 28, 1950, to Dec. 16, 1950, that I last saw the deceased alive on Dec 15, 1950, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank A. Camalier | MD | Leonardtown Md | 12/18/50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12-19-50 | NAME OF CEMETERY OR ~~CREMATORY~~ Old St. Aloysius | LOCATION (City, town, or county) (State) Leonardtown, Md. |
| DATE REC'D BY LOCAL REG. 12/18/50 | REGISTRAR'S SIGNATURE Camalier | 24. FUNERAL DIRECTOR P. B. Robinson - Leonardtown, Md | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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DEC 20 1950
BUREAU V. S

12623

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 286

**1. PLACE OF DEATH:**

County St. Mary's

City or town Rural Maddox
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Rural Maddox
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME** Garner Joseph Lacey

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| m | w | married |

6.(b) Name of husband or wife Katherine Louisa Thomas

6.(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 11-23-1900

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 50 | 0 | 28 | hrs. min. |

9. Birthplace Budds Creek Md
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Joseph Francis Lacey
13. Birthplace Chaptico

MOTHER
14. Maiden name Annie Florence Vallandingham
15. Birthplace Chaptico Md

16. Informant Claude A. Lacey

Address Maddox Md

17. Burial Date thereof 12 23 50
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sacred Heart

Location Bushwood

18. Funeral director Joseph C. Mattingly

Address Loveton Md

19. 12-23- 1950 R. V. Palmer
(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH 12-21- 1950, at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19

and that I last saw him dead 12-21- 1950

Immediate cause of death Choking

DURATION: Sudden

Due to swallowing large piece of meat

Due to

Other conditions Cerebral apoplexy 2 yrs ago with [illegible]
(Include pregnancy within 3 months of death)

Major findings of operations [illegible] 921.0 195d Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) St Mary's (County) Md (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer
M. D. or other

Address avenue Md Date signed 12-23-50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 27 1950

Evidence for addition in #18 & #21 shown:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12624

FILM No. G 15[illegible] JAN 8 1951

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood
LENGTH OF STAY (in this place): 11 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Visiter Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood
STREET ADDRESS (If rural, give location): Visiter Road

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) Lester (Last) LOWDER

4. DATE OF DEATH: (Month) December (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: AUG. 15, 1929

9. AGE last birthday: 21 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. NAVY

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Denver, Colorado

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Lester LOWDER

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Mary Virginia LOWDER, Infirmary, U.S.NAS, Patuxent River, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | BURNS, MULTIPLE | |
| 916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 180 | (b) | 3° burns, entire body was completely burned. | |
| | (c) | | |

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) (COUNTY) (STATE): Hollywood St. Mary's Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 25 1950 4:15AM

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Pt was trapped in burning house (1-5-51 ams)

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I / someone last saw the deceased alive on December 25 19 50, and that death occurred at 4:15 A.m., from the causes and on the date stated above.

SIGNATURE: A. W. SCOTT (Degree or title) LTJG MC USNR

ADDRESS: Infirmary, U. S. Naval Air Station, Patuxent River, Maryland.

DATE SIGNED: 25 December 1950

23. BURIAL, CREMATION, REMOVAL (Specify): ~~Burial~~ Transportation

DATE THEREOF: 12-27-50

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Englewood, Colorado.

DATE REC'D BY LOCAL REG. 12/27/50

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: R.B. Robinson

ADDRESS: Leonardtown, Md.

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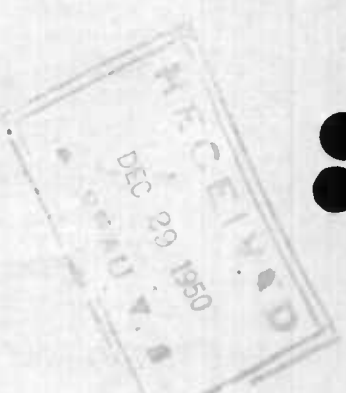
RECEIVED
DEC 29 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12625

# CERTIFICATE OF DEATH

Reg. Dist. No. 28-1

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

1. PLACE OF DEATH — COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Drayden
LENGTH OF STAY (In this place): 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Drayden
STREET ADDRESS (If rural, give location): Locust Grove Farm

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) June (Last) Mandeville
4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jun 12, 1944
9. AGE last birthday: 6 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): school child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Portland, Me.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Louis Mandeville
14. MOTHER'S MAIDEN NAME: Elsie J Downs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Elsie D Ridgell, Draydenkd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — Interval between onset and death: 12 hours

490X Antecedent cause(s)

108 Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) "Severe cold" — 4 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from The child was dead when I arrived., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 2:40 P.m., from the causes and on the date stated above.

SIGNATURE: P J Beam — (Degree or title): MD — ADDRESS: Great Mills Md — DATE SIGNED: 12/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 29/50 — NAME OF CEMETERY OR CREMATORY: Poplar Hill Cemetery — LOCATION (City, town, or county): Valley Lee (State): Md

DATE REC'D BY LOCAL REG.: Dec 27/50 — REGISTRAR'S SIGNATURE: P J Beam MD

24. FUNERAL DIRECTOR: Joseph C. Mattingly — ADDRESS: Leonardtown Md

RECEIVED
DEC 30 1950

12626

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
LENGTH OF STAY (in this place) 1 month 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Joyce (Middle) D. (Last) Mason

4. DATE OF DEATH (Month) Dec (Day) 22 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Nov-14-1950
9. AGE last birthday yrs. If under 1 year Months 1 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby
10b. KIND OF BUSINESS OR INDUSTRY Baby
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James A. Mason
14. MOTHER'S MAIDEN NAME Jeannie Ramsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT James A. Mason

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonitis — 1 day

492X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

109 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John S. Lane (Degree or title) M.D. ADDRESS Leighton Park, Md. DATE SIGNED 12/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec-23-50
NAME OF CEMETERY OR CREMATORY Bethareda Cemetery
LOCATION (City, town, or county) Valley Lee St Marys (State) Md

DATE REC'D BY LOCAL REG. 12/22/50
REGISTRAR'S SIGNATURE Carusher
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Md

9VV140 99V199V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

3 Am 12/22/50 Fund deed. 1 mo of [illegible]
Valley Lee. Had a card 12/21/50

RECEIVED
DEC 28 1950
BUREAU A.

12627

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 286

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY St Marys MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY St Marys |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN River Springs — LENGTH OF STAY (in this place) Life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN River Springs |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS — | STREET ADDRESS (If rural give location) |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Edward | (Middle) Thomas | (Last) Olivery | 4. DATE OF DEATH | (Month) Dec | (Day) 24 | (Year) 1950 |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH Dec-18-1860 | 9. AGE last birthday 90 yrs. | If under 1 year Months — | Days 7 | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant for self | | 10b. KIND OF BUSINESS OR INDUSTRY General store merchants | 11. BIRTHPLACE (State or foreign country) Maryland St Marys | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Charles Olivery | | | 14. MOTHER'S MAIDEN NAME unknown | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Thomas E. Olivery | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Apoplexy

334 × Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from 12-20, 1950, to 12-24, 1950, that I last saw the deceased alive on 12-25, 1950, and that death occurred at 5.45 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Robert B. [illegible] | | [illegible] Md | |

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Dec 27 1950 | NAME OF CEMETERY OR CREMATORY Sacard Heart Cemetery | LOCATION (City, town, or county) Bush Wood St Marys | (State) Md |
| DATE REC'D BY LOCAL REG. 12-26-50 | REGISTRAR'S SIGNATURE Robert V. Palmer | 24. FUNERAL DIRECTOR Jos C. Mattingley | ADDRESS Leonardtown Maryland | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 29 1950

12628

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY St Marys MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee — LENGTH OF STAY (in this place) 41 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS — | STREET ADDRESS (If rural give location) — |

3. NAME OF DECEASED (Type or Print) (First) Theodore (Middle) D. (Last) Russell

4. DATE OF DEATH (Month) Dec (Day) 29 (Year) 1950

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH June 22 1880 — 9. AGE last birthday 70 yrs. — If under 1 year Months 6 Days 9 — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer owner — 10b. KIND OF BUSINESS OR INDUSTRY on his own farm — 11. BIRTHPLACE (State or foreign country) Maryland St Marys — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Russell — 14. MOTHER'S MAIDEN NAME Mary E. Burch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Theodore Russell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Heart Failure | 18 mos |
| 416X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 95b | (b) | Rheumatic Heart Disease | 40 years |
| | (c) | Generalized Arteriosclerosis | 10 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-48, 19....., to Dec. 29, 1950 that I last saw the deceased alive on Dec. 28, 1950, and that death occurred at 5:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. H. Patrick MD — ADDRESS — DATE SIGNED 12-29-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Dec 31-1950 — NAME OF CEMETERY OR CREMATORY Holy Face Cemetery — LOCATION (City, town, or county) Great Mills St Marys (State) Md

DATE REC'D BY LOCAL REG. 12/29/50 — REGISTRAR'S SIGNATURE Carvalho — 24. FUNERAL DIRECTOR Joe C. Mattingly Leonardtown ADDRESS Md

000 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 30 1950
KRAU V. S

12629

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Md.
LENGTH OF STAY (in this place) 3hr.17min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location) 510 Essex Drive

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Polidor (Last) SIMMONS

4. DATE OF DEATH (Month) December (Day) 17 (Year) 1950

5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH Dec 17, 1950
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 3 Min. 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Patuxent River, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Andrew K. SIMMONS
14. MOTHER'S MAIDEN NAME Olivia Marie POLIDOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Next of kin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 Immediate cause (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 3hr.17min.

157e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Dec, 1950 to 17 Dec, 1950, that I last saw the deceased alive on 17 Dec, 1950, and that death occurred at 9:40 am., from the causes and on the date stated above.

SIGNATURE D.M. Shook — (Degree or title) LTJG MC USN — ADDRESS Dispensary, Patuxent River, Md. — DATE SIGNED 17 December 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12-19-50 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 12/18/50 — REGISTRAR'S SIGNATURE Cannaller — 24. FUNERAL DIRECTOR J.B. Robinson — ADDRESS Leonardtown Md

200170305284

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 20 1950
BUREAU V. S.

12630

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

**1. PLACE OF DEATH:**

County St. Mary's

City or town Leonardtown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: St. Mary's Hospital

How long in hospital or institution? 1 day

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Chaptico (If outside city or town limits, write RURAL and give nearest town)

Street No. — (If rural, give LOCATION)

2.(a) If veteran, name war —

**3. (a) FULL NAME** James Elton Thomas

**3. (b) Social Security Number** —

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1904

**8. AGE:** Years 46 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name James L. Thomas
13. Birthplace Maryland.

MOTHER
14. Maiden name Effie E. Hancock
15. Birthplace Maryland.

16. Informant Bessie A. Oliver

Address Avenue, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 12/24/50 (month) (day) (year)

Cemetery or crematory St. Joseph

Location Morganza, Md.

18. Funeral director A. B. Robinson

Address Leonardtown Md.

19. 12/22 1950 (Date rec'd by registrar) Caiwalles Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1950, at 10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 20 1950, to December 22 1950 and that I last saw him alive on December 22 1950

Immediate cause of death Coronary occlusion — DURATION 2 days

Due to Coronary Thrombosis — 2 days

Due to

Other conditions none

420.1 (Include pregnancy within 3 months of death)

94a

Major findings of operations none

Date of op. —

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm D Boyd M.D. M. D. or other

Address Leonardtown Date signed 12/22/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

12631

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ST. MARYS — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL NEAR HURRY — LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL NEAR HURRY
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) HELEN (Last) THOMAS

4. DATE OF DEATH: (Month) DEC (Day) 26 (Year) 1950

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: JAN 23 1949

9. AGE last birthday: 1 yrs. If under 1 year: Months 11, Days 4. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): St. Marys Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HARRY WILSON THOMAS

14. MOTHER'S MAIDEN NAME: MARY ROSETTA BARNES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mother - Mary Rosetta Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar pneumonia — 2 d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pertussis ? -IK — 2 w.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Dec, 1950, to Dec, 1950, that I last saw the deceased alive on 24 Dec, 1950, and that death occurred at 2 00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Gupther, MD — ADDRESS Mechanicsville, Md — DATE SIGNED 12/26/50

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE THEREOF 12/27/50 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) Bushwood — (State) Md

DATE REC'D BY LOCAL REG. 12/27/50 — REGISTRAR'S SIGNATURE Carmalee

24. FUNERAL DIRECTOR — ADDRESS Jos C. Mattingly Leonardtown

12632

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY ST. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY ST. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Leon (Last) TIPPETT

4. DATE OF DEATH (Month) 12 (Day) 11 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-13-49
9. AGE last birthday 1 yrs. If under 1 year Months 3 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Luvis Tippett
14. MOTHER'S MAIDEN NAME Eutar Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mrs. Wm Morgan-Mechanicsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Bronchopneumonia | 3 d |
| 491 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Congenital non-hemolytic jaundice | 1 year |
| 107 | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE J. Roy Gwyther, M.D. (Degree or title) ADDRESS Mechanicsville DATE SIGNED 12/12/50

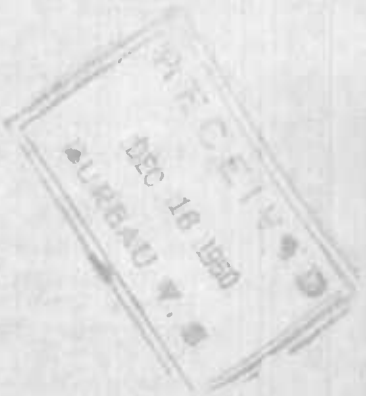
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-13-50
NAME OF CEMETERY OR CREMATORY St. Joseph
LOCATION (City, town, or county) (State) Morganza, Md.

DATE REC'D BY LOCAL REG. 12/12/50
REGISTRAR'S SIGNATURE Camalin
24. FUNERAL DIRECTOR R. Bevis Tippett ADDRESS Mechanicsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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Evidence for addition in #21 shown on: Wall

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12633

FILM No. G 130 JAN 26 195

# CERTIFICATE OF DEATH

Medical Examiners

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.N.A.S., Patuxent River, Maryland, Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Raliegh (Last) WALL

4. DATE OF DEATH (Month) December (Day) 9 (Year) 1950

5. SEX Male

6. COLOR OR RACE Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 7 Aug 1926

9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GS-7 Engineer

10b. KIND OF BUSINESS OR INDUSTRY Engineer

11. BIRTHPLACE (State or foreign country) Brooklyn, New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Walter Raliegh WALL, Sr.

14. MOTHER'S MAIDEN NAME Florence WÜSTEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 6 months

16. SOCIAL SECURITY NO. 148 16 746

17. INFORMANT AND ADDRESS Wallet and friends. Mr. J.M. Fish (Father in law) 3000 N. Pershing Drive Arl. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Injuries, Multiple, Extreme | Immediatly |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

863.8

173

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) NAS Field (CITY OR TOWN) Patuxent River (COUNTY) St. Mary's (STATE) Md.

TIME OF INJURY (Month) 12 (Day) 9 (Year) 1950 (Hour) m.

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? Helicopter crash. Was passenger (1/26/51 akc)

22. I hereby certify that I attended the deceased from Dead when first seen, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Lexington Park, Md. DATE SIGNED 12/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 12-9-50

NAME OF CEMETERY OR CREMATORY Arlington Nat. Cem.

LOCATION (City, town, or county) (State) ARLINGTON, VIRGINIA.

DATE REC'D BY LOCAL REG. 12/9/50

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown ADDRESS

Burial 12-12-50 Fitzgerald - Arlington Va. 35697 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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U.V.S.A.U. V.T.